Call Name:		
Single  Provisional Additional Stakes Kennel Breeder Bench		
before numbe	er)	
Sex:		
Phone:		
State:	Zip:	
(Optional) Region of Residence:		
d Certification	n or waiver if	
on of this hou	nd must	
Regarding		
d. Must be mar	ked in order to	
	Kennel     before number Sex:     Dog Phone: State: (Optional) Regin I Certification on of this hou Regarding	

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

SIGNATURE of owner or his agent

duly authorized to make this entry

Please separate the entries before submitting to FTS.

	Secretary cannot accept conditional, u	0 /	ncomplete or unpaid		
	ease check your completed entry care	fully.			
Breed:	Call Name:				
Registered Name of Hound:					
Stake:       Open       FCH       Veteran       Single       Provisional       Additional Stakes         Image: Comparison of the state of th		Stakes □ Breeder □ Bench			
Registration Number: (please write in registering body before number)					
□ If possible, please	Date of	Sex:			
separate my hounds	Birth:	🗆 Dog 🗆 Bitch			
Name of actual owner(s):					
Address:		Phone:			
City:		State: Zip:			
E-mail (Optional)		(Optional) Region of Residence:			
Emergency Contact Name and Phone (Optional)					
Check if this is the first in Open, Veterans, Limit	ASFA trial for this hound. Attach a Houtted.	nd Certificat	ion or waiver if entered		
Check if this is a first-ti this entry unless NGA.	me entry, a copy of the official Registrat	ion of this h	ound must accompany		
Check if any information has changed since the last ASFA trial entry. Regarding					
	Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.				

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SIGNATURE of owner or his agent duly authorized to make this entry \_\_\_\_\_

Please separate the entries before submitting to FTS.

EF-A ~ rev 09-21 ©